

ARCHIVE CHOICE

Whither the Human Potential Movement?

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Richard House writes: This article had a profound impact on me when I first read it in the early 1990s. For me it captures beautifully why Human Potential work is a quintessentially ‘post-professional’ activity that needs to remain uncolonised by the commodification and psychopathologising mentality of mainstream professionalised ‘psychotherapy’ and its institutionally enshrined ‘abuse of the transference’, as John Heron pointed out so brilliantly in the same issue of *S&S* where this article appeared (see his ‘The politics of transference’, available online here: <http://tinyurl.com/4mb5dxfn>). In my own writings over many years, I have often used this brilliant quotation from the article as an epigraph: ‘...Where there is a genuine need for structures, we should develop structures that foster our values rather than betray them.’ Amen to that.

We have been heartened by the recent debate in *Self and Society* (Jan. 1990) about the UKSCP and the regulation of the ‘profession of psychotherapy’. We have been muttering to ourselves and colleagues for a good few years now about ‘what’s happening to this movement’, and casting a jaundiced eye over the goings-on at Rugby and the moves towards ‘regulation’. Recent visits to North America and discussions with Kate Wylie (who was one of the founder-members of the Open Centre) in which she bemoaned the ‘deadening effect’ of the US licensing system on the working environment there and praised the (current) UK openness, confirmed our misgivings, and inspired us to write something about our reactions. We were also thinking of proposing a special edition of this journal [*Self and Society*] on this issue when, lo and behold ...! We’re glad we are not alone in having doubts.

Much of what we would have said has already been covered in the January issue, especially by John Heron, David Kalisch, Denis Postle and Jill Anderson; however, we felt there were still areas where we could offer further contributions to the debate.

We feel that ‘1992 and all that’ has become the ‘bogeyman’ frightening this movement into becoming a ‘profession’ and ‘getting its house in order’, whereas actually the main impetus seems to have been coming from a rather small nucleus of people within the movement (many with a vested interest in training), rather than from actual threats of regulation from outside. Ironically it may transpire that the resulting system of internal regulation will be what precipitates legislation by making it easy for government to legislate through the apparently representative bodies.

The reasons put forward by Courtenay Young (1990) and others in *Self and Society* to justify these moves towards regulation and licensing include: ‘protect the public’, ‘definite status and legality’, ‘official recognition’, etc. Whatever the validity of these reasons (little, we feel), in our view the ‘cure’ is liable to prove worse than the ‘disease’.

We are concerned that if these moves gain ground, there will be a deterioration in the prevailing ambiance of openness and choice. One of the fundamental principles of growth is choice, and introducing a system of regulation or licensing into the growth movement is liable to restrict choice. We feel that measures towards empowering the public to make more informed, responsible choices would be more in keeping with the spirit of the human potential movement.

The key thing for us is that the human potential movement is a manifestation of a different model, a holistic growth model. It is a ‘new’ field that is not medicine, not religion, not art, not even education, but something in between, which has similarities with aspects of each of these but has an essence of its own. It lies closest in principle to education; however, in practice education is often focused on the development of the intellect or the acquisition of utilitarian skills. This new field is educational in the sense of a holistic learning about oneself.

Despite areas in common with existing institutions, this field should not be subsumed under any of them. It is important that it retains its autonomy and continues to establish itself in its own right. It is important that the structures we develop reflect the underlying model, and that we do not ‘regress’ and adopt structures appropriate to other models. In our view, the current moves towards regulation and licensing derive from an implicit association with the medical model and with the medical professions as a model for professionalisation. Members of the medical professions (as well as professions such as those cited by Courtenay Young – accountants, solicitors and architects) are by and large persons who give advice, or carry out actions on behalf of their clients. Their professional status assures the client of their authority and competence to act without the client being fully involved – not something we would hope is typical of humanistic practitioners!

Human potential work is not a medical matter. There is a danger of this holistic work becoming split: saddled with a quasi-medical framework on the one hand or going the religious route on the other.

A predisposing factor for confusion between the human potential model and the medical model derives from the ambiguous labelling so often used. The word ‘therapy’ is in widespread use within the movement, and is understood informally and without stigma to mean ‘personal growth work’. This is in tune with its root in ancient Greek, meaning ‘attendance’. However, we would argue that for the general public it is a medical term referring to remedial treatment, which accords with its current dictionary definition – ‘the medical treatment of disease’ (Shorter Oxford English Dictionary, 1973). The ancient Greeks may win out in the long run, but they haven’t done so yet!

Further, in order to distinguish this ‘therapy’ from other forms of therapy such as

chemotherapy, radiotherapy, physiotherapy, occupational therapy etc., the term ‘psychotherapy’ is resorted to. Its current dictionary definition is ‘the treatment of mental or psychic disease’ (ibid.). We do not feel this term accurately describes the focus of the human potential movement, even with ‘humanistic’ tacked in front. In order to maintain the integrity of the human potential movement, more appropriate labelling will be necessary.

Therefore, in common with John Heron we feel that terminology associated with the medical model (in particular the terms ‘psychotherapy’ and ‘therapy’) should be avoided by human potential practitioners, at least officially. This has always been our practice. (Bill Swartley (1971) suggested the term ‘humanologist’ – a practitioner of ‘humanology’ – the science of becoming fully human.)

Where there is a genuine need for structures, we should develop structures that foster our values rather than betray them. Rather than the systems of regulation currently being advanced with their approving bodies and their registers of approved practitioners etc. and eventual ‘official recognition’, and ‘definite status and legality’, we feel that a system based on the principle of full disclosure, something like that proposed by Will Schutz (1979), would be more in keeping with humanistic values than what is likely to emerge from the current endeavours.

Schutz outlines a proposal whereby:

All persons offering services aimed at enhancing the human condition [in whatever way] would be required to provide potential customers with a full disclosure of all information relevant to the competence of the professional. Such information would include the practitioner’s education, training, philosophy, fees, membership in professional organizations, awards, and anything else the professional feels is relevant [such as a code of ethics].... (ibid., p. 156)

The role of the law would be to determine the veracity and completeness of this information, and to police lying and deceit, rather than to decide who is or is not competent and thereby usurping the consumer’s choice. So, rather than the client having someone else decide who is competent, this decision would remain theirs, but on the basis of full and accurate information. As Schutz says:

In the present situation [USA 1979], I rely on the state to tell me who is competent, I passively submit myself to a professional, and if I do not like what he does, I sue him for malpractice. My role is very inert and childlike. If I, as consumer, know that I am responsible for selecting a counselor, I am likely to assume a more responsible stance. In many cases, the very act of being responsible will have a therapeutic effect.

Thus, choice and truth replace sham and image.... Full disclosure treats both professional and consumer as responsible adults and alters the role of the law to one of determining truth, a function it can perform well in the service of its constituents. (ibid., p. 157)

The US milieu provides other cautionary lessons. Over there, the medical model is dominant in licensed psychotherapy, as is clearly demonstrated by the intimate relationship between the system of licensing, medical insurance, and the diagnostic labelling of the medical model.

Psychotherapists (other than psychiatrists) are licensed by the American Psychological Association and are then (and only then) in a position to receive referrals from doctors, governmental organisations etc. Their ‘patients’ may in many cases claim their therapy against their medical insurance. One of the main incentives for practitioners to become licensed is to be able to charge higher fees and receive a steady stream of referrals financed by medical insurance payments. However, no insurance company is going to fund your ‘personal growth’, so the reason for going to your therapist must be for the treatment of a recognised psychological

disorder as specified in the Diagnostic and Statistical Manual of Psychological Disorders Revision III, known as DSM-III-R (verbal communication from Kate Wylie, Dec. 1989). There is therefore an ‘incentive scheme’ for both practitioner and client to accept a definition of the latter or of some part of the latter’s experience as abnormal or pathological and needing treatment, whereas from a human potential point of view the same phenomena might be viewed as signalling ‘growth process at work, needing attending’. These are two very different approaches.

Not only does the US licensing system make it hard to work on the basis of a growth model, it also appears to be rather ineffective in what it sets out to achieve whilst stifling innovation: ‘Licensing has not proved an effective tool for providing program quality assurance. Moreover, attempts by licensing to regulate or control program quality in general may do more harm than good by creating barriers to developing needed services.’ (California Assembly Permanent subcommittee on Mental Health and Developmental Disabilities, 1978, p. 46)

And here is Will Schutz: ‘...Licensing does not protect the public. Licensing does not exclude incompetents. Licensing does not encourage innovation. It stultifies....’ (Schutz, 1979, p. 157)

It could be said that the growth movement child is growing up and is about to come of age. It therefore faces the choices we all face at that juncture, to follow in the well-worn footsteps of Mother and Father (perhaps changing them just a little), or to risk something else – being oneself, a new individual, different, not in competition or in judgement, nor needing parental approval, but able to stand separately, in mutual respect.

Note

This article first appeared in *Self & Society*, Vol. 18 No. 4 (July), 1990, pp. 32–5; and was reprinted in The Open Centre Programme, Autumn 1993. It also appears as Appendix A in Richard’s *The Case Against Psychotherapy Registration: A Conservation Issue for the Human Potential Movement*, Transmarginal Press, London. 1995, pp. 223–7. The article has been very lightly copy-edited for inclusion here.

References

- William Swartley, Ph.D. ‘Defining the status of a patient’, Hahnemann Medical College and Hospital Symposium – ‘The Encounter Movement in Psychiatry’, 1971.
- Will Schutz, *Profound Simplicity*, Joy Press, 1979.